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Name Registration Name Registration Name Registration Number Registration Number Registration Number Registration Number Registration Number Registration	Prac	ctitioner(s) name	ed below (if more than ten patent	practitioners are t	o be named, then	a customer num	ber must be us	ed):
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 27189 The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Hoist Fitness Systems 9990 Empire Street, Suite 130 San Diego, CA 92126 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by once of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the sessignee, and must identify the application in which this Power of Attorney is to be filled. Signature Date 8/10 O6 The individual whose signature affitibles supplied below is authorized to act on behalf of the assignee.			Name	Registration	T	Name		Registration
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FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.